MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

101587206 APPEICANT(S)

SERIAL NO.

FILING DATE

7.25.06

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1* AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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